| PATENT A | PPLICATION | ON FEE | DETER | MOITAMIN | RECORD |
|----------|------------|--------|-------|----------|--------|
| | | | | | |

Effective December 29, 1999

| Application or | Pocket Number |
|----------------|---------------|
| Mal | 1.17 150 |

| | | or pooner. | |
|---|---|------------|-----|
| | 9 | 11.77 | 150 |
| U | 1 | 1612 | 117 |

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY TYPE OR | | | OTHER THAN SMALL ENTITY | | | | |
|--|---|-----------------------------|-------------|--|-------|--|--------------------------------------|-------|---|------------------------|-------|---------------------|------------------------|
| FOR NUMBER FILED | | | NUMBER | EXTRA | ſ | RATE | FEE | 1 | RATE | FEE | | | |
| ВА | SIC FEE | 8 | | The company of the co | 44-73 | | | | 19.3 | 345.00 | OR | | 690.00 |
| TOTAL CLAIMS | | | | • | | | X\$ 9= | | OR | X\$18= | | | |
| IND | EPENDENT CL | AIMS | | minus | 3 = | • | | | X39= | | OR | X78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +130= | | OR | +260= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | • | TOTAL | | OR | TOTAL | 690 | |
| | C | LAIMS (Colur | | MENDED | | ART II Column 2) | (Column 3) | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| | | CLA | | W-25.50 | | HIGHEST | (Oolaniii o) | ľ | | 4001 | 1 • 1 | | 4001 |
| AMENDMENT A | | REMAI AFT AMEND | INING ER | | PF | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| MON | Total | · 13 | | Minus | ••• | ≥ 0 | = | | X\$ 9= | | OR | X\$18= | 1 |
| AME | Independent | $\cdot \mathfrak{Z}$ | | Minus | *** | <u> </u> | = | | X39= | | OR | X/6= | |
| | FIRST PRESE | NTATION | OF MU | JLTIPLE DEF | PENE | DENT CLAIM | | ! | +130= | | OR | 220 | 1 |
| | | | - | | | | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT, FEE | D |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | OUII. FEE | | | ADDII.1 EE1 | |
| AMENDMENT B | | CLA REMA AFT AMENO | INING ER | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI/ TIOMAL PEE |
| Ş | Total | . 13 | 3 | Minus | ** | 20 | . — | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | · | 2 | Minus | *** | 3 | - | | X39= | | OR | X78= | · |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | ' [| +130= | | OR | +260= | | |
| | | | | | | | | . • | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| Ŀ | | ·(Colu | | | | Column 2) | (Column 3) | | | | l | | |
| | | | IMS · | 70.00 | | HIGHEST | | lr | | ADDI- | 1 | | ADDI- |
| AMENDMENT C | | REMA AFT AMEND | ER | | PF | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL |
| Ş | Total | • | | Minus | ** | | = | | X\$ 9= · | | OR | X\$18= | |
| A ME | Independent | • | | Minus | *** | | = | lt | X39= | | OR | X78= | |
| Ľ | FIRST PRESE | NTATIO | N OF MU | JLTIPLE DEF | PEN | DENT CLAIM | | j þ | | | | | |
| | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | L | +130= | | OR | +260= | |
| •• | t the entry in colu If the "Highest Nu If the "Highest Nu The "Highest Nur | mber Prev mber Prev | riously Pa | iid For IN THI aid For IN THI | S SPA | ACE is less that ACE is less that | n 20; enter "20. in 3, enter "3." | | TOTAL DDIT. FEE | moniate bo | | TOTAL ADDIT. FEE | |